Commonwealth of Virginia State Health Benefits Program

Employee Monthly Premiums for July 1, 2015 – June 30, 2016

Full-time employees pay the "Employee Pays" amount. Part-time salaried employees pay the Total Premium.

Please note: Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware effective July 1, 2015! You or your enrolled spouse must complete certain healthy actions to save \$17 a month or \$34 when both of you meet the requirements.

Health Care Plans	Premium Premium			Premium	n with Rewards				
			You Plus One	You Plus Two or More	You Only	You Plus Spouse		You Plus Spouse and More	
			9		Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse
COVA HealthAware	Employee Pays State Pays Total Premium	\$23 \$543 \$566	\$78 <u>\$973</u> \$1,051	\$90 <u>\$1,427</u> \$1,517	\$6 \$543 \$549	\$61 \$973 \$1,034	\$44 <u>\$973</u> \$1,017	\$73 \$1,427 \$1,500	\$56 \$1,427 \$1,48 3
COVA HealthAware + Expanded Dental	Employee Pays State Pays Total Premium	\$49 \$543 \$592	\$129 \$973 \$1,102	\$167 \$1,427 \$1,594	\$32 \$543 \$575	\$112 \$973 \$1,085	\$95 <u>\$973</u> \$1,068	\$150 \$1,427 \$1,577	\$133 \$1,427 \$1,56 0
COVA HealthAware + Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$58 \$543 \$601	\$144 <u>\$973</u> \$1,117	\$187 \$1,427 \$1,614	\$41 \$543 \$584	\$127 <u>\$973</u> \$1,100	\$110 \$973 \$1,083	\$170 \$1,427 \$1,597	\$15 3 <u>\$1,427</u> \$1,58 0
COVA Care	Employee Pays State Pays Total Premium	\$76 \$543 \$619	\$175 \$973 \$1,148	\$235 \$1,427 \$1,662	\$59 \$543 \$602	\$158 \$973 \$1,131	\$141 <u>\$973</u> \$1,114	\$218 \$1,427 \$1,645	\$201 <u>\$1,427</u> \$1,62 8
COVA Care + Out-of-Network	Employee Pays State Pays Total Premium	\$91 \$543 \$634	\$195 <u>\$973</u> \$1,168	\$263 \$1,427 \$1,690	\$74 \$543 \$617	\$178 \$973 \$1,151	\$161 \$973 \$1,134	\$246 \$1,427 \$1,673	\$229 <u>\$1,427</u> \$1,65 6
COVA Care + Expanded Dental	Employee Pays State Pays Total Premium	\$103 \$543 \$646	\$226 \$973 \$1,199	\$313 \$1,427 \$1,740	\$86 \$543 \$629	\$209 \$973 \$1,182	\$192 \$973 \$1,165	\$296 \$1,427 \$1,723	\$279 <u>\$1,427</u> \$1,70 6
COVA Care + Out-of-Network + Expanded Dental	Employee Pays State Pays Total Premium	\$118 \$543 \$661	\$246 <u>\$973</u> \$1,219	\$341 \$1,427 \$1,768	\$101 \$543 \$644	\$229 \$973 \$1,202	\$212 \$973 \$1,185	\$324 \$1,427 \$1,751	\$307 \$1,427 \$1,73 4
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$119 \$543 \$662	\$253 \$973 \$1,226	\$349 \$1,427 \$1,776	\$102 \$543 \$645	\$236 \$973 \$1,209	\$219 \$973 \$1,192	\$332 \$1,427 \$1,759	\$315 <u>\$1,427</u> \$1,742
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$134 \$543 \$677	\$273 \$973 \$1,246	\$377 \$1,427 \$1,804	\$117 \$543 \$660	\$256 \$973 \$1,229	\$239 <u>\$973</u> \$1,212	\$360 \$1,427 \$1,787	\$343 <u>\$1,427</u> \$1,77 0
COVA HDHP	Employee Pays State Pays Total Premium	\$0 \$465 \$465	\$0 <u>\$864</u> \$864	\$0 \$1,262 \$1,262					
COVA HDHP + Expanded Dental	Employee Pays State Pays Total Premium	\$26 \$465 \$491	\$51 <u>\$864</u> \$915	\$77 \$1,262 \$1,339					
Kaiser Permanente HMO – (available primarily in Northern Virginia)	Employee Pays State Pays Total Premium	\$59 \$514 \$573	\$141 \$913 \$1,054	\$201 \$1,335 \$1,536					
TRICARE Supplement	Total Premium	\$61	\$120	\$161					